



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

PUBLIC POLICY COMMITTEE MEETING MINUTES

September 24, 2014

Approved
1/28/2015

The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support Public Policy Committee activities.

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Aaron Fox, MPM, Co-Chair	Kyle Baker	Miki Jackson	Jane Nachazel
Richard Zaldivar, Co-Chair	Joseph Cadden, MD	Craig Pulsipher	Craig Vincent-Jones, MHA
Lee Kochems, MA	Gregory Rios/Jenny O'Malley, RN, BSN	Kevin Slatter	
Ricky Rosales	Shoshanna Scholar	Terry Smith	
Jason Tran/Rob Lester, MPP		Will Watts	DHSP STAFF
		Jason Wise	None

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Public Policy Committee Agenda, 9/24/2014
- 2) **Form:** Kaiser Permanente Southern California, Pre-Exposure Prophylaxis (PrEP), Rev 7/2014
- 3) **Motion:** Highly-Effective Programs, Specifically PEP and PrEP, Draft, 9/24/2014
- 4) **White Paper:** Ryan White Reauthorization Principles of 2012, draft, 9/24/2014

1. **CALL TO ORDER:** Mr. Fox called the meeting to order at 2:15 am.

2. **APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order (**Passed by Consensus**).

3. **APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the Public Policy Committee meeting minutes, as presented (**Postponed**).

4. **PUBLIC COMMENT (*Non-Agendized or Follow-Up*):**

- Ms. Jackson, AIDS Healthcare Foundation (AHF), had to leave early so addressed Item 7, PrEP/Biomedical Implementation Strategy under Public Comment instead. She felt the tone of the Commission's discussion was poor.
- AHF was opposed to eliminating HRSA's requirement to allocate a minimum 75% of funds for core medical services. That would impact all jurisdictions, not just the County, and would impede getting everyone into care and virally suppressed. Redefining core medical to include HIV testing would be a better approach.
- AHF was not opposed to PrEP. It did take issue with generically urging everyone to get a prescription. Truvada is a form of cancer medication with significant side effects. It is not comparable to the birth control pill as has been suggested.
- The birth control pill is also inexpensive. AHF has taken on Big Pharma to attempt to lower the cost of HIV medications, including Truvada, but it remains very costly. That also should be considered to ensure sufficient funds for PLWH care.
- She felt the draft motion overly long with multiple "whereas" points including unnecessary and unprofessional swipes at "non-constructive litigious service providers" and obstructionist "individuals or groups." It does little to address actual PrEP implementation issues in an adult and sober way, but serves to feed uncritical, uninformed mass uptake.
- AHF currently provides Truvada to patients after a full discussion between a patient and his/her physician about the risks and benefits to that individual and testing to ensure the person is HIV- followed by appropriate monitoring. PrEP should be considered as a potent medication that is an option for many people to be determined after a sober discussion with a person's physician rather than as an enthusiastically embraced panacea for everyone. There will always be outliers who will obtain Truvada over the internet in any case, but sober guidance by the Commission can help inform people.

- ➡ Staff will send a copy of the meeting tape to Ms. Jackson as she was unable to remain for the full discussion.

5. COMMITTEE COMMENT (*Non-Agendized or Follow-Up*):

- Mr. Smith felt the discussion of PrEP overall has been sober, but he was enthusiastic to avert new infections.
- Mr. Slatter said PrEP meant hope to him. He might not be HIV+ now had it been available when he was younger. From The Thrive Tribe groups, he knew of some 80 newly diagnosed people under 30 in the last four or five months. Younger people are less cautious now than in the 1990's because they do not see obviously ill PLWA. People are barebacking more and testing less. PLWH may not take their medications responsibly, be virally suppressed or disclose their status to partners.
- Mr. Vincent-Jones felt both sides have used rhetoric and both could tone it down. It was good to hear AHF considers PrEP a protocol. Their prior statements lacked that acknowledgement though it was known some physicians prescribed it.
- All prescriptions can never be controlled, but the Commission and DHSP can ensure PrEP is prescribed responsibly and effectively under its protocols whether with Truvada or other pertinent medications. There is a population such as those Mr. Slatter noted who seem to be driving the local epidemic, but they should not delay effective PrEP implementation.
- On cost, he noted the cost of birth control did decline as prescriptions rose. Side effects were also less known at the time.
- HRSA's 75% minimum requirement for core medical services is a subject that will need to be considered carefully as part of reauthorization. There are multiple options, e.g., redefining core medical services, that do pertain to all jurisdictions.
- Mr. Kochems noted PEP and PrEP is discussed at the Commission in terms of programs, prescriptions, physicians and health care. But there are communities on the streets such as among gay men of color who see Truvada as a miracle drug that you can take for four days and you're fine. He recently heard of someone considering PrEP who was offered pills to buy on the spot instead. It is a different economy and culture. We may need to speak differently for everyone to see the distinction.
- Mr. Wise recently spoke with a reporter and realized the broader context of a tool in the tool kit with protocols was being lost. It would be prudent to be aware of whether we were speaking among ourselves or for community consumption.
- Mr. Smith felt it was also important to view PrEP as a tool for all people who want to be responsible for their sexual health, not just the high-risk. We should not stigmatize personal sexual choices, but encourage responsibility. Mr. Kochems added it is not spoken about, but studies show sharing substance is more intimate psychologically much like heterosexual activity.
- Mr. Pulsipher noted the Kaiser PrEP instruction sheet does not address risks of taking PrEP for an already HIV+ person such as resistance. While Kaiser will test someone first, the sheet can be copied and used apart from Kaiser protocol.
- Dr. Karen Mark, Office of AIDS, and Dr. Sonali Kulkarni, DHSP, were discussing development of statewide or local guidelines to add to guidelines developed by the CDC. Kaiser Hollywood had 200 people on their PrEP protocol and only one has discontinued it to date so the protocol seemed effective though adding information to their sheet would be valuable.
- Mr. Kochems noted drug dealers also want to keep their clients alive. They will cut off people and send them to treatment if they consider them at risk of dying. If they know PrEP is unhealthy for PLWH, then they are unlikely to sell it to them.
- ➡ Recommend Drs. Mark and Kulkarni add information on risks to PLWH taking PrEP to guidelines.
- ➡ Mr. Fox was seeking Medi-Cal data on Truvada prescriptions written to estimate uptake. He will report on data as available.

6. CO-CHAIRS' REPORT: New iPrEx phase III Truvada study data shows American participants were more adherent than others.

7. PrEP/BIOMEDICAL IMPLEMENTATION STRATEGY:

- Mr. Fox noted the Commission referred PrEP implementation strategy to Public Policy. He and Mr. Zaldivar developed the draft resolution in the packet to reflect the Commission's principles.
- Mr. Kochems recommended SPA by SPA hearings or forums as next steps to inform the community.
- Mr. Vincent-Jones suggested the County might well not have advanced further on PrEP clinic implementation even without arguments against it. In its 9/18/2014 Commission presentation, DHSP recommended a slow roll-out and continued protocol development in the demonstration program. A couple of Board Offices will question the plan and at least one will question any perceived delay due to procurement which, by its public health nature, should be cautious.
- He urged viewing the resolution as a statement that biomedical interventions are the most important thing on the horizon and every step possible should be taken to expedite bringing medications to the street with access and information. What is needed to do that should be detailed, e.g., allocations and relaxed procurement rules especially in light of recent litigation. The Board generally expects more background and specific steps needed. Mr. Rosales urged more specificity and more tact.
- Mr. Vincent-Jones said he asked Mario Pérez why DHSP did not propose PrEP last week as part of every medical provider's tool kit. It was a complication that contracts are for PLWH while PrEP serves HIV- people, but Mr. Pérez stressed the Commission needed to specifically ask the Board to move procurement more quickly than usual if it wanted PrEP expedited.

- Mr. Fox felt the threat of litigation over sole source contracts has slowed expansion of PEP. He included Treatment as Prevention, PEP and PrEP in the draft resolution since the Commission is charged with addressing the entire system. He stressed relaying the Commission's and community's sense of urgency in getting services to the street. Mr. Smith added litigation also impacts community providers such as the small provider which was hurt when its contract was halted.
 - Mr. Vincent-Jones pointed out DHSP has provided Standards and Best Practices with three or so iterations of its planned RFP list for the next year. PEP and PrEP have not been on them. Advising Health Deputies that litigation has delayed PrEP roll-out risks undermining the issue by mixing messages. It can be contextualized, e.g., to expedite contractual arrangements. Requesting an increase in Net County Cost could also focus Board attention on the urgency of the issue.
 - Mr. Pulsipher said some things can be done quickly such as addressing education and co-payment assistance. Mr. Vincent-Jones noted funds could be used for both patient/client education and provider training, e.g., on access via insurance.
 - Mr. Kochems suggested a companion document that contextualizes the issue and provides options for others to engage. Set the goal. Mr. Vincent-Jones replied that a Board Letter is required for any document presented to the Board.
- ⌚ Preliminary revisions to the resolution draft were:
- ▶ Paragraph 1: Revise "Los Angeles" to "Los Angeles County."
 - ▶ Paragraph 2: Revise "Los Angeles" to "Los Angeles County"; revise "particularly among young" to "particularly among, but not limited to, young"; revise "men of color and transgender women" to "men of color, transgender women and serodiscordant couples."
 - ▶ Paragraph 3: No comments.
 - ▶ Paragraph 4: Clarify Treatment as Prevention (TASP), e.g., as undetectable.
 - ▶ Paragraph 5: Revise "LA County" to "Los Angeles County"; revise "support" to "supports"; consider rephrasing "swift" while maintaining urgency and emphasizing access and utilization.
 - ▶ Paragraph 6: Reframe to science-based focus, e.g., consultation with physician and contribution as part of tool kit.
 - ▶ Paragraph 7: Revise "LA County" to "Los Angeles County"; reframe to science-based focus, e.g., consultation with physician and contribution as part of tool kit.
 - ▶ Paragraph 8: Revise "Commission on HIV, That the Commission believes" to "Commission on HIV strongly recommends"; possibly add department name.
 - ▶ Paragraph 9: Revise "That the Commission is in full support of" to "That the Los Angeles County Commission on HIV fully supports and strongly recommends to"; revise "LA County" to "Los Angeles County"; revise "making these services" to "to make these services"; revise "public health" to "urgent public health."
- ⌚ Write background document with DHSP's input which might be used as the Board Letter if completed in time.
- ⌚ Mr. Pulsipher will provide a recently completed two-page press background document which includes PrEP as a prevention option for those who meet CDC guidelines, comprehensive prevention strategy, barriers and general program details.
- ⌚ Messrs. Fox, Zaldivar and Vincent-Jones will revise resolution draft in light of comments and distribute to Public Policy by email. The Brown Act prohibits interactive discussion, but replies can be "yes," "no" and/or the offer of a suggestion.
- ⌚ Forward final resolution to 10/8/2014 Commission meeting for review and approval.

8. AFFORDABLE CARE ACT (ACA) IMPLEMENTATION: This item was postponed.

9. STATE POLICY ISSUES:

- Mr. Fox reported Governor Brown signed syringe access and Naltrexone bills as well as AB 336 which makes it harder to introduce condoms as evidence. The GLBT Center will provide education on AB 336 to law enforcement including the LAPD.
 - The Governor has until the end of the month to sign remaining bills, e.g., on condoms in prison and affordable housing.
- A. Patient Safety Act:** The Commission voted to oppose Proposition 46 which would raise malpractice caps, require drug testing for physicians and require physicians to check the CURES database prior to writing prescriptions for certain medications. The Board wanted more information so Mr. Fox recommended Brad Land to provide testimony.

- B. Insurance Rate Public Justification and Accountability Act:** This item was postponed.

10. RYAN WHITE REAUTHORIZATION PRINCIPLES:

A. Review of 2012 Reauthorization Principles:

- Mr. Fox noted the Principles will be reviewed in future including what should/should not be considered core medical services and the 75% minimum allocation to them versus 25% for support services in current statute provisions.

- ⌚ Initiate RW Work Group with meetings to start in November 2014. Members are: Messrs. Fox, Lester, Tran and Wise.

11. 2014 LEGISLATIVE DOCKET:

A. Status of Docket Items:

- ⌚ Update docket information at next Public Policy meeting.

12. COMMUNITY COLLABORATIONS:

A. California HIV Alliance (CHA):

- ⌚ Mr. Fox will report at the next Public Policy meeting on the CHA meeting at AIDS Project Los Angeles on 9/25/2014. CHA is a group of HIV organizations which advocates on the state level. It is expected to compile its budget priorities document for 2015 as well as discuss policy concerns pertaining to Covered California, OA-HIPP and access to care.

B. CA Center for HIV/AIDS Policy Research: Policy Research Advisory Committee: This item was postponed.

13. NEXT STEPS:

A. Task/Assignment Recap:

- ⌚ Request Ayako Miyashita, Esq., UCLA Williams Institute, present on the legislative movement to decriminalize HIV.
- ⌚ Mr. Rosales will forward the City of Los Angeles resolution to support ending the Red Cross ban on blood donations from MSM to Mr. Vincent-Jones.

B. Agenda Development for Next Meeting: There was no additional discussion.

14. ANNOUNCEMENTS: The Office of AIDS meeting will be 9/26/2014 at 2:00 pm.

15. ADJOURNMENT: The meeting adjourned at 3:30 pm.